



Sen. J. Bradley Burzynski

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LRB095 04187 DRJ 49835 a

1 AMENDMENT TO HOUSE BILL 1533

2 AMENDMENT NO. _____. Amend House Bill 1533, by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Public Aid Code is amended by
5 changing Section 5-2 as follows:

6 (305 ILCS 5/5-2) (from Ch. 23, par. 5-2)

7 Sec. 5-2. Classes of Persons Eligible. Medical assistance
8 under this Article shall be available to any of the following
9 classes of persons in respect to whom a plan for coverage has
10 been submitted to the Governor by the Illinois Department and
11 approved by him:

12 1. Recipients of basic maintenance grants under
13 Articles III and IV.

14 2. Persons otherwise eligible for basic maintenance
15 under Articles III and IV but who fail to qualify
16 thereunder on the basis of need, and who have insufficient

1 income and resources to meet the costs of necessary medical
2 care, including but not limited to the following:

3 (a) All persons otherwise eligible for basic
4 maintenance under Article III but who fail to qualify
5 under that Article on the basis of need and who meet
6 either of the following requirements:

7 (i) their income, as determined by the
8 Illinois Department in accordance with any federal
9 requirements, is equal to or less than 70% in
10 fiscal year 2001, equal to or less than 85% in
11 fiscal year 2002 and until a date to be determined
12 by the Department by rule, and equal to or less
13 than 100% beginning on the date determined by the
14 Department by rule, of the nonfarm income official
15 poverty line, as defined by the federal Office of
16 Management and Budget and revised annually in
17 accordance with Section 673(2) of the Omnibus
18 Budget Reconciliation Act of 1981, applicable to
19 families of the same size; or

20 (ii) their income, after the deduction of
21 costs incurred for medical care and for other types
22 of remedial care, is equal to or less than 70% in
23 fiscal year 2001, equal to or less than 85% in
24 fiscal year 2002 and until a date to be determined
25 by the Department by rule, and equal to or less
26 than 100% beginning on the date determined by the

1 Department by rule, of the nonfarm income official
2 poverty line, as defined in item (i) of this
3 subparagraph (a).

4 (b) All persons who would be determined eligible
5 for such basic maintenance under Article IV by
6 disregarding the maximum earned income permitted by
7 federal law.

8 3. Persons who would otherwise qualify for Aid to the
9 Medically Indigent under Article VII.

10 4. Persons not eligible under any of the preceding
11 paragraphs who fall sick, are injured, or die, not having
12 sufficient money, property or other resources to meet the
13 costs of necessary medical care or funeral and burial
14 expenses.

15 5.(a) Women during pregnancy, after the fact of
16 pregnancy has been determined by medical diagnosis, and
17 during the 60-day period beginning on the last day of the
18 pregnancy, together with their infants and children born
19 after September 30, 1983, whose income and resources are
20 insufficient to meet the costs of necessary medical care to
21 the maximum extent possible under Title XIX of the Federal
22 Social Security Act.

23 (b) The Illinois Department and the Governor shall
24 provide a plan for coverage of the persons eligible under
25 paragraph 5(a) by April 1, 1990. Such plan shall provide
26 ambulatory prenatal care to pregnant women during a

1 presumptive eligibility period and establish an income
2 eligibility standard that is equal to 133% of the nonfarm
3 income official poverty line, as defined by the federal
4 Office of Management and Budget and revised annually in
5 accordance with Section 673(2) of the Omnibus Budget
6 Reconciliation Act of 1981, applicable to families of the
7 same size, provided that costs incurred for medical care
8 are not taken into account in determining such income
9 eligibility.

10 (c) The Illinois Department may conduct a
11 demonstration in at least one county that will provide
12 medical assistance to pregnant women, together with their
13 infants and children up to one year of age, where the
14 income eligibility standard is set up to 185% of the
15 nonfarm income official poverty line, as defined by the
16 federal Office of Management and Budget. The Illinois
17 Department shall seek and obtain necessary authorization
18 provided under federal law to implement such a
19 demonstration. Such demonstration may establish resource
20 standards that are not more restrictive than those
21 established under Article IV of this Code.

22 6. Persons under the age of 18 who fail to qualify as
23 dependent under Article IV and who have insufficient income
24 and resources to meet the costs of necessary medical care
25 to the maximum extent permitted under Title XIX of the
26 Federal Social Security Act.

1 7. Persons who are under 21 years of age and would
2 qualify as disabled as defined under the Federal
3 Supplemental Security Income Program, provided medical
4 service for such persons would be eligible for Federal
5 Financial Participation, and provided the Illinois
6 Department determines that:

7 (a) the person requires a level of care provided by
8 a hospital, skilled nursing facility, or intermediate
9 care facility, as determined by a physician licensed to
10 practice medicine in all its branches;

11 (b) it is appropriate to provide such care outside
12 of an institution, as determined by a physician
13 licensed to practice medicine in all its branches;

14 (c) the estimated amount which would be expended
15 for care outside the institution is not greater than
16 the estimated amount which would be expended in an
17 institution.

18 8. Persons who become ineligible for basic maintenance
19 assistance under Article IV of this Code in programs
20 administered by the Illinois Department due to employment
21 earnings and persons in assistance units comprised of
22 adults and children who become ineligible for basic
23 maintenance assistance under Article VI of this Code due to
24 employment earnings. The plan for coverage for this class
25 of persons shall:

26 (a) extend the medical assistance coverage for up

1 to 12 months following termination of basic
2 maintenance assistance; and

3 (b) offer persons who have initially received 6
4 months of the coverage provided in paragraph (a) above,
5 the option of receiving an additional 6 months of
6 coverage, subject to the following:

7 (i) such coverage shall be pursuant to
8 provisions of the federal Social Security Act;

9 (ii) such coverage shall include all services
10 covered while the person was eligible for basic
11 maintenance assistance;

12 (iii) no premium shall be charged for such
13 coverage; and

14 (iv) such coverage shall be suspended in the
15 event of a person's failure without good cause to
16 file in a timely fashion reports required for this
17 coverage under the Social Security Act and
18 coverage shall be reinstated upon the filing of
19 such reports if the person remains otherwise
20 eligible.

21 9. Persons with acquired immunodeficiency syndrome
22 (AIDS) or with AIDS-related conditions with respect to whom
23 there has been a determination that but for home or
24 community-based services such individuals would require
25 the level of care provided in an inpatient hospital,
26 skilled nursing facility or intermediate care facility the

1 cost of which is reimbursed under this Article. Assistance
2 shall be provided to such persons to the maximum extent
3 permitted under Title XIX of the Federal Social Security
4 Act.

5 10. Participants in the long-term care insurance
6 partnership program established under the Illinois
7 Long-Term Care Partnership Program Act ~~Partnership for~~
8 ~~Long Term Care Act~~ who meet the qualifications for
9 protection of resources described in Section 15 ~~25~~ of that
10 Act.

11 11. Persons with disabilities who are employed and
12 eligible for Medicaid, pursuant to Section
13 1902(a)(10)(A)(ii)(xv) of the Social Security Act, as
14 provided by the Illinois Department by rule. In
15 establishing eligibility standards under this paragraph
16 11, the Department shall, subject to federal approval:

17 (a) set the income eligibility standard at not
18 lower than 350% of the federal poverty level;

19 (b) exempt retirement accounts that the person
20 cannot access without penalty before the age of 59 1/2,
21 and medical savings accounts established pursuant to
22 26 U.S.C. 220;

23 (c) allow non-exempt assets up to \$25,000 as to
24 those assets accumulated during periods of eligibility
25 under this paragraph 11; and

26 (d) continue to apply subparagraphs (b) and (c) in

1 determining the eligibility of the person under this
2 Article even if the person loses eligibility under this
3 paragraph 11.

4 12. Subject to federal approval, persons who are
5 eligible for medical assistance coverage under applicable
6 provisions of the federal Social Security Act and the
7 federal Breast and Cervical Cancer Prevention and
8 Treatment Act of 2000. Those eligible persons are defined
9 to include, but not be limited to, the following persons:

10 (1) persons who have been screened for breast or
11 cervical cancer under the U.S. Centers for Disease
12 Control and Prevention Breast and Cervical Cancer
13 Program established under Title XV of the federal
14 Public Health Services Act in accordance with the
15 requirements of Section 1504 of that Act as
16 administered by the Illinois Department of Public
17 Health; and

18 (2) persons whose screenings under the above
19 program were funded in whole or in part by funds
20 appropriated to the Illinois Department of Public
21 Health for breast or cervical cancer screening.

22 "Medical assistance" under this paragraph 12 shall be
23 identical to the benefits provided under the State's
24 approved plan under Title XIX of the Social Security Act.
25 The Department must request federal approval of the
26 coverage under this paragraph 12 within 30 days after the

1 effective date of this amendatory Act of the 92nd General
2 Assembly.

3 13. Subject to appropriation and to federal approval,
4 persons living with HIV/AIDS who are not otherwise eligible
5 under this Article and who qualify for services covered
6 under Section 5-5.04 as provided by the Illinois Department
7 by rule.

8 14. Subject to the availability of funds for this
9 purpose, the Department may provide coverage under this
10 Article to persons who reside in Illinois who are not
11 eligible under any of the preceding paragraphs and who meet
12 the income guidelines of paragraph 2(a) of this Section and
13 (i) have an application for asylum pending before the
14 federal Department of Homeland Security or on appeal before
15 a court of competent jurisdiction and are represented
16 either by counsel or by an advocate accredited by the
17 federal Department of Homeland Security and employed by a
18 not-for-profit organization in regard to that application
19 or appeal, or (ii) are receiving services through a
20 federally funded torture treatment center. Medical
21 coverage under this paragraph 14 may be provided for up to
22 24 continuous months from the initial eligibility date so
23 long as an individual continues to satisfy the criteria of
24 this paragraph 14. If an individual has an appeal pending
25 regarding an application for asylum before the Department
26 of Homeland Security, eligibility under this paragraph 14

1 may be extended until a final decision is rendered on the
2 appeal. The Department may adopt rules governing the
3 implementation of this paragraph 14.

4 15. FamilyCare eligibility.

5 (a) A caretaker relative who is 19 years of age or
6 older when countable income is at or below 185% of the
7 Federal Poverty Level Guidelines, as published
8 annually in the Federal Register, for the appropriate
9 family size. A person may not spend down to become
10 eligible under this paragraph 15.

11 (b) A caretaker relative, including a pregnant
12 woman or her spouse if living together, who is 19 years
13 of age or older qualifies for medical assistance if the
14 individual is not otherwise eligible for medical
15 assistance or healthcare benefits under the Children's
16 Health Insurance Program Act or the Covering ALL KIDS
17 Health Insurance Act.

18 (c) A caretaker relative may not spend down to
19 become eligible under this paragraph 15.

20 (d) Eligibility shall commence as follows:

21 (1) Eligibility determinations for the program
22 made by the 15th day of the month shall be
23 effective the first day of the following month.
24 Eligibility determinations for the program made
25 after the 15th day of the month shall be effective
26 no later than the first day of the second month

1 following that determination.

2 (2) Individuals found eligible under this
3 paragraph 15 may obtain coverage for a period prior
4 to the date of application for the program subject
5 to the following:

6 (A) The individual must request prior
7 coverage within 6 months following the initial
8 date of coverage.

9 (B) The prior coverage shall be individual
10 specific and shall only be available the first
11 time the individual is enrolled under this
12 paragraph 15.

13 (C) The prior coverage shall begin with
14 services rendered during the 2 weeks prior to
15 the date the individual's application was
16 filed and shall continue until the
17 individual's coverage under subdivision (e) (1)
18 of this paragraph 15 is effective.

19 (e) Eligibility shall be reviewed annually.

20 (f) Caretaker relatives enrolled under this
21 paragraph 15 in families with countable income above
22 150% and at or below 185% of the Federal Poverty Level
23 Guidelines shall be counted as family members and pay
24 premiums as established under the Children's Health
25 Insurance Program Act.

26 (g) Premiums shall be billed by and payable to the

1 Department or its authorized agent, on a monthly basis.

2 (h) The premium due date is the last day of the
3 month preceding the month of coverage.

4 (i) Individuals shall have a grace period through
5 the month of coverage to pay the premium.

6 (j) Failure to pay the full monthly premium by the
7 last day of the grace period shall result in
8 termination of coverage.

9 (k) Partial premium payments shall not be
10 refunded.

11 (l) When termination of coverage is recorded by the
12 15th day of the month, it shall be effective the first
13 day of the following month. When termination of
14 coverage is recorded after the 15th day of the month,
15 it shall be effective no later than the first day of
16 the second month following that determination.

17 (m) Following termination of an individual's
18 coverage under this paragraph 15, the following action
19 is required before the individual can be re-enrolled:

20 (1) A new application must be completed and the
21 individual must be determined otherwise eligible.

22 (2) There must be full payment of premiums due
23 under this Code, the Children's Health Insurance
24 Program Act, the Covering ALL KIDS Health
25 Insurance Act, or any other healthcare program
26 administered by the Department for periods in

1 which a premium was owed and not paid for the
2 individual.

3 (3) If the termination was the result of
4 non-payment of premiums, the individual must be
5 out of the program for 3 months before
6 re-enrollment.

7 (4) The first month's premium must be paid if
8 there was an unpaid premium on the date the
9 individual's previous coverage was canceled.

10 The Illinois Department and the Governor shall provide a
11 plan for coverage of the persons eligible under paragraph 7 as
12 soon as possible after July 1, 1984.

13 The eligibility of any such person for medical assistance
14 under this Article is not affected by the payment of any grant
15 under the Senior Citizens and Disabled Persons Property Tax
16 Relief and Pharmaceutical Assistance Act or any distributions
17 or items of income described under subparagraph (X) of
18 paragraph (2) of subsection (a) of Section 203 of the Illinois
19 Income Tax Act. The Department shall by rule establish the
20 amounts of assets to be disregarded in determining eligibility
21 for medical assistance, which shall at a minimum equal the
22 amounts to be disregarded under the Federal Supplemental
23 Security Income Program. The amount of assets of a single
24 person to be disregarded shall not be less than \$2,000, and the
25 amount of assets of a married couple to be disregarded shall
26 not be less than \$3,000.

1 To the extent permitted under federal law, any person found
2 guilty of a second violation of Article VIII A shall be
3 ineligible for medical assistance under this Article, as
4 provided in Section 8A-8.

5 The eligibility of any person for medical assistance under
6 this Article shall not be affected by the receipt by the person
7 of donations or benefits from fundraisers held for the person
8 in cases of serious illness, as long as neither the person nor
9 members of the person's family have actual control over the
10 donations or benefits or the disbursement of the donations or
11 benefits.

12 (Source: P.A. 94-629, eff. 1-1-06; 94-1043, eff. 7-24-06;
13 95-546, eff. 8-29-07; revised 1-22-08.)

14 Section 99. Effective date. This Act takes effect upon
15 becoming law."